



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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|   |                        |                        |
|---|------------------------|------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/601,171-Conf. #4940 |
|   | Filing Date            | June 23, 2003          |
|   | First Named Inventor   | Gerald Walter FISCHER  |
|   | Art Unit               | 1645                   |
|   | Examiner Name          | N. Archie              |
| Total Number of Pages in This Submission  | Attorney Docket Number | SYNI-003CN             |

**ENCLOSURES (Check all that apply)**

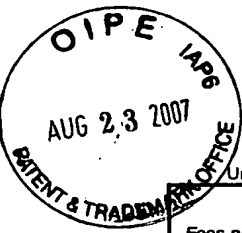
|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Appendices - A - Four (4) pages,<br>B - Eight (8) pages, C - Nine (9) pages<br>Return Receipt Postcard |
| <b>Remarks</b>  |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                           |          |        |
|--------------|---------------------------|----------|--------|
| Firm Name    | LAHIVE & COCKFIELD, LLP   |          |        |
| Signature    |                           |          |        |
| Printed name | Amy E. Mandragouras, Esq. |          |        |
| Date         | August 23, 2007           | Reg. No. | 36,207 |

Express Mail Label No. EV 956 464 401 US

Dated: August 23, 2007



PTO/SB/17 (06-07)  
Approved for use through 06/30/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2007</b> |  | <b>Complete if Known</b> |                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 10/601,171-Conf. #4940 |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,200.00  |  | Filing Date              | June 23, 2003          |
|   |  | First Named Inventor     | Gerald Walter FISCHER  |
|   |  | Examiner Name            | N. Archie              |
|   |  | Art Unit                 | 1645                   |
|   |  | Attorney Docket No.      | SYNI-003CN             |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

**Total Claims** 59 - 123 = 36 x **Fee (\$)** = **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** 2 - 7 = 5 x **Fee (\$)** = **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|              |              |  |          |               |

**4. OTHER FEE(S)**

|   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount)                     |                |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month | 1,020.00       |
| 1806 Submission of an Information Disclosure Statement                              | 180.00         |

|                     |                           |                                   |                 |
|---------------------|---------------------------|-----------------------------------|-----------------|
| <b>SUBMITTED BY</b> |                           |                                   |                 |
| Signature           |                           | Registration No. (Attorney/Agent) | 36,207          |
| Name (Print/Type)   | Amy E. Mandragouras, Esq. | Telephone                         | (617) 994-0756  |
|                     |                           | Date                              | August 23, 2007 |